

119TH CONGRESS
2D SESSION

S. 4195

To prevent maternal mortality and severe maternal morbidity among Black pregnant and postpartum individuals and other underserved populations, to provide training in respectful maternity care, to reduce and prevent bias, racism, and discrimination in maternity care settings, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MARCH 25, 2026

Mr. WARNOCK (for himself, Mr. PADILLA, and Mr. BOOKER) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To prevent maternal mortality and severe maternal morbidity among Black pregnant and postpartum individuals and other underserved populations, to provide training in respectful maternity care, to reduce and prevent bias, racism, and discrimination in maternity care settings, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Kira Johnson Act”.

1 **SEC. 2. SUSTAINED FUNDING FOR COMMUNITY-BASED OR-**
2 **GANIZATIONS TO ADVANCE MATERNAL**
3 **HEALTH EQUITY.**

4 (a) IN GENERAL.—The Secretary of Health and
5 Human Services (in this section referred to as the “Sec-
6 retary”) shall award grants to eligible entities to establish
7 or expand programs to advance maternal health equity.

8 (b) TIMING.—Following the 1-year period described
9 in subsection (d), the Secretary shall commence awarding
10 the grants authorized by subsection (a).

11 (c) ELIGIBLE ENTITIES.—To be eligible to seek a
12 grant under this section, an entity shall be a community-
13 based organization offering programs and resources
14 aligned with evidence-based practices for improving mater-
15 nal health outcomes for demographic groups with elevated
16 rates of maternal mortality, severe maternal morbidity,
17 maternal health disparities, or other adverse perinatal or
18 childbirth outcomes.

19 (d) OUTREACH AND TECHNICAL ASSISTANCE PE-
20 RIOD.—During the 1-year period beginning on the date
21 of enactment of this Act, the Secretary shall—

22 (1) conduct outreach to encourage eligible enti-
23 ties to apply for grants under this section; and

24 (2) provide technical assistance to eligible enti-
25 ties on best practices for applying for grants under
26 this section.

1 (e) SPECIAL CONSIDERATION.—

2 (1) OUTREACH.—In conducting outreach under
3 subsection (d), the Secretary shall give special con-
4 sideration to eligible entities that—

5 (A) are based in, and provide support for,
6 communities with elevated rates of maternal
7 mortality, severe maternal morbidity, maternal
8 health disparities, or other adverse perinatal or
9 childbirth outcomes, to the extent such data are
10 available;

11 (B) are led by individuals from demo-
12 graphic groups with elevated rates of maternal
13 mortality, severe maternal morbidity, maternal
14 health disparities, or other adverse perinatal or
15 childbirth outcomes; and

16 (C) offer programs and resources that are
17 aligned with evidence-based practices for im-
18 proving maternal health outcomes for individ-
19 uals from demographic groups with elevated
20 rates of maternal mortality, severe maternal
21 morbidity, maternal health disparities, or other
22 adverse perinatal or childbirth outcomes.

23 (2) AWARDS.—In awarding grants under this
24 section, the Secretary shall give special consideration
25 to eligible entities that—

1 (A) are described in subparagraphs (A),
2 (B), and (C) of paragraph (1);

3 (B) offer programs and resources designed
4 in consultation with and intended for individ-
5 uals from demographic groups with elevated
6 rates of maternal mortality, severe maternal
7 morbidity, maternal health disparities, or other
8 adverse perinatal or childbirth outcomes;

9 (C) offer programs and resources in the
10 communities in which the respective eligible en-
11 tities are located that—

12 (i) promote maternal mental health
13 and maternal substance use disorder treat-
14 ments and supports that are aligned with
15 evidence-based practices for improving ma-
16 ternal mental and behavioral health out-
17 comes for individuals from demographic
18 groups with elevated rates of maternal
19 mortality, severe maternal morbidity, ma-
20 ternal health disparities, or other adverse
21 perinatal or childbirth outcomes;

22 (ii) address social determinants of ma-
23 ternal health;

1 (iii) promote evidence-based health lit-
2 eracy and pregnancy, childbirth, and par-
3 enting education;

4 (iv) provide support from perinatal
5 health workers;

6 (v) provide culturally and linguis-
7 tically congruent training to perinatal
8 health workers;

9 (vi) conduct or support research on
10 maternal health issues disproportionately
11 impacting individuals from demographic
12 groups with elevated rates of maternal
13 mortality, severe maternal morbidity, ma-
14 ternal health disparities, or other adverse
15 perinatal or childbirth outcomes;

16 (vii) offer group prenatal care or
17 group postpartum care;

18 (viii) coordinate mutual aid efforts
19 during infant formula shortages, including
20 community milk depots, donor human milk
21 banks and exchanges, and forums for com-
22 munity outreach and education;

23 (ix) provide support to individuals or
24 family members of individuals who suffered

a pregnancy loss, pregnancy-associated death, or pregnancy-related death; or

(x) operate midwifery practices that provide culturally and linguistically congruent maternal health care and support, including for the purposes of—

(I) supporting additional education, training, and certification programs, including support for distance learning;

(II) providing financial support to current and future midwives to address education costs, debts, and other needs;

(III) clinical site investments;

(IV) supporting preceptor development trainings;

(V) expanding the midwifery practice; or

(VI) related needs identified by the midwifery practice and described in the practice's application; and

(D) have developed other programs and resources that address community-specific needs for pregnant and postpartum individuals and

1 are aligned with evidence-based practices for
2 improving maternal health outcomes for individ-
3 uals from demographic groups with elevated
4 rates of maternal mortality, severe maternal
5 morbidity, maternal health disparities, or other
6 adverse perinatal or childbirth outcomes.

7 (f) TECHNICAL ASSISTANCE.—The Secretary shall
8 provide to grant recipients under this section technical as-
9 sistance on—

10 (1) capacity building to establish or expand pro-
11 grams to advance maternal health equity;

12 (2) best practices in data collection, measure-
13 ment, evaluation, and reporting; and

14 (3) planning for sustaining programs to ad-
15 vance maternal health equity after the period of the
16 grant.

17 (g) EVALUATION.—Not later than the end of fiscal
18 year 2031, the Secretary shall submit to the Congress an
19 evaluation of the grant program under this section that—

20 (1) assesses the effectiveness of outreach efforts
21 during the application process in diversifying the
22 pool of grant recipients;

23 (2) makes recommendations for future outreach
24 efforts to diversify the pool of grant recipients for
25 Department of Health and Human Services grant

1 programs and funding opportunities related to ma-
2 ternal health;

3 (3) assesses the effectiveness of programs fund-
4 ed by grants under this section in improving mater-
5 nal health outcomes for individuals from demo-
6 graphic groups with elevated rates of maternal mor-
7 tality, severe maternal morbidity, maternal health
8 disparities, or other adverse perinatal or childbirth
9 outcomes, to the extent practicable; and

10 (4) makes recommendations for future Depart-
11 ment of Health and Human Services grant programs
12 and funding opportunities that deliver funding to
13 community-based organizations that provide pro-
14 grams and resources that are aligned with evidence-
15 based practices for improving maternal health out-
16 comes for individuals from demographic groups with
17 elevated rates of maternal mortality, severe maternal
18 morbidity, maternal health disparities, or other ad-
19 verse perinatal or childbirth outcomes.

20 (h) AUTHORIZATION OF APPROPRIATIONS.—To carry
21 out this section, there is authorized to be appropriated
22 \$100,000,000 for each of fiscal years 2027 through 2031.

1 **SEC. 3. RESPECTFUL MATERNITY CARE TRAINING FOR ALL**
 2 **EMPLOYEES IN MATERNITY CARE SETTINGS.**

3 Part B of title VII of the Public Health Service Act
 4 (42 U.S.C. 293 et seq.) is amended by adding at the end
 5 the following new section:

6 **“SEC. 742. RESPECTFUL MATERNITY CARE TRAINING FOR**
 7 **ALL EMPLOYEES IN MATERNITY CARE SET-**
 8 **TINGS.**

9 “(a) GRANTS.—The Secretary shall award grants for
 10 programs to reduce and prevent bias, racism, and dis-
 11 crimination in maternity care settings and to advance re-
 12 spectful, culturally and linguistically congruent, trauma-
 13 informed care.

14 “(b) SPECIAL CONSIDERATION.—In awarding grants
 15 under subsection (a), the Secretary shall give special con-
 16 sideration to applications for programs that would—

17 “(1) apply to all maternity care providers and
 18 any employees who interact with pregnant and
 19 postpartum individuals in the provider setting, in-
 20 cluding front desk employees, sonographers, sched-
 21 ulers, health care professionals, hospital or health
 22 system administrators, security staff, and other em-
 23 ployees;

24 “(2) emphasize periodic, as opposed to one-
 25 time, trainings for all birthing professionals and em-
 26 ployees described in paragraph (1);

1 “(3) address implicit bias, racism, and cultural
2 humility;

3 “(4) be delivered in ongoing education settings
4 for providers maintaining their licenses, with a pref-
5 erence for trainings that provide continuing edu-
6 cation units;

7 “(5) include trauma-informed care best prac-
8 tices and an emphasis on shared decision making be-
9 tween providers and patients;

10 “(6) include antiracism training and programs;

11 “(7) be delivered in undergraduate programs
12 that funnel into health professions schools;

13 “(8) be delivered in settings that apply to pro-
14 viders of the special supplemental nutrition program
15 for women, infants, and children under section 17 of
16 the Child Nutrition Act of 1966;

17 “(9) integrate bias training in obstetric emer-
18 gency simulation trainings or related trainings;

19 “(10) include training for emergency depart-
20 ment employees and emergency medical technicians
21 on recognizing warning signs for severe pregnancy-
22 related complications;

23 “(11) offer training to all maternity care pro-
24 viders on the value of racially, ethnically, and profes-

1 sionally diverse maternity care teams to provide cul-
2 turally and linguistically congruent care; or

3 “(12) be based on one or more programs de-
4 signed by a historically Black college or university or
5 other minority-serving institution.

6 “(c) APPLICATION.—To seek a grant under sub-
7 section (a), an entity shall submit an application at such
8 time, in such manner, and containing such information as
9 the Secretary may require.

10 “(d) REPORTING.—Each recipient of a grant under
11 this section shall annually submit to the Secretary a report
12 on the status of activities conducted using the grant, in-
13 cluding, as applicable, a description of the impact of train-
14 ing provided through the grant on patient outcomes and
15 patient experience for pregnant and postpartum individ-
16 uals from racial and ethnic minority groups and their fam-
17 ilies.

18 “(e) BEST PRACTICES.—Based on the annual reports
19 submitted pursuant to subsection (d), the Secretary—

20 “(1) shall produce an annual report on the find-
21 ings resulting from programs funded through this
22 section;

23 “(2) shall disseminate such report to all recipi-
24 ents of grants under this section and to the public;
25 and

1 “(3) may include in such report findings on
2 best practices for improving patient outcomes and
3 patient experience for pregnant and postpartum in-
4 dividuals from racial and ethnic minority groups and
5 their families in maternity care settings.

6 “(f) DEFINITIONS.—In this section:

7 “(1) The term ‘postpartum’ means the 1-year
8 period beginning on the last day of an individual’s
9 pregnancy.

10 “(2) The term ‘culturally and linguistically con-
11 gruent’ means in agreement with the preferred cul-
12 tural values, beliefs, worldview, language, and prac-
13 tices of the health care consumer and other stake-
14 holders.

15 “(3) The term ‘racial and ethnic minority
16 group’ has the meaning given such term in section
17 1707(g)(1).

18 “(g) AUTHORIZATION OF APPROPRIATIONS.—To
19 carry out this section, there is authorized to be appro-
20 priated \$5,000,000 for each of fiscal years 2027 through
21 2031.”.

1 **SEC. 4. STUDY ON REDUCING AND PREVENTING BIAS, RAC-**
 2 **ISM, AND DISCRIMINATION IN MATERNITY**
 3 **CARE SETTINGS.**

4 (a) IN GENERAL.—The Secretary of Health and
 5 Human Services shall seek to enter into an agreement,
 6 not later than 90 days after the date of enactment of this
 7 Act, with the National Academies of Sciences, Engineer-
 8 ing, and Medicine (referred to in this section as the “Na-
 9 tional Academies”) under which the National Academies
 10 agree to—

11 (1) conduct a study on the design and imple-
 12 mentation of programs to reduce and prevent bias,
 13 racism, and discrimination in maternity care settings
 14 and to advance respectful, culturally and linguis-
 15 tically congruent, trauma-informed care; and

16 (2) not later than 24 months after the date of
 17 enactment of this Act—

18 (A) complete the study; and

19 (B) transmit a report on the results of the
 20 study to the Congress.

21 (b) POSSIBLE TOPICS.—The agreement entered into
 22 pursuant to subsection (a) may provide for the study of
 23 any of the following:

24 (1) The development of a scorecard or other
 25 evaluation standards for programs designed to re-
 26 duce and prevent bias, racism, and discrimination in

1 maternity care settings to assess the effectiveness of
2 such programs in improving patient outcomes and
3 patient experience for pregnant and postpartum in-
4 dividuals from racial and ethnic minority groups and
5 their families.

6 (2) Determination of the types and frequency of
7 training to reduce and prevent bias, racism, and dis-
8 crimination in maternity care settings that are dem-
9 onstrated to improve patient outcomes or patient ex-
10 perience for pregnant and postpartum individuals
11 from racial and ethnic minority groups and their
12 families.

13 **SEC. 5. RESPECTFUL MATERNITY CARE COMPLIANCE PRO-**
14 **GRAM.**

15 (a) IN GENERAL.—The Secretary of Health and
16 Human Services (referred to in this section as the “Sec-
17 retary”) shall award grants to accredited hospitals, health
18 systems, and other maternity care settings to establish as
19 an integral part of quality implementation initiatives with-
20 in one or more hospitals or other birth settings a respect-
21 ful maternity care compliance program.

22 (b) PROGRAM REQUIREMENTS.—A respectful mater-
23 nity care compliance program funded through a grant
24 under this section shall—

1 (1) institutionalize mechanisms to allow pa-
2 tients receiving maternity care services, the families
3 of such patients, or perinatal health workers sup-
4 porting such patients to report instances of racism
5 or evidence of bias on the basis of race, ethnicity, or
6 another protected class;

7 (2) institutionalize response mechanisms
8 through which representatives of the program can
9 directly follow up with the patient, if possible, and
10 the patient's family in a timely manner;

11 (3) prepare and make publicly available a
12 hospital- or health system-wide strategy to reduce
13 bias on the basis of race, ethnicity, or another pro-
14 tected class in the delivery of maternity care that in-
15 cludes—

16 (A) information on the training programs
17 to reduce and prevent bias, racism, and dis-
18 crimination on the basis of race, ethnicity, or
19 another protected class for all employees in ma-
20 ternity care settings;

21 (B) information on the number of cases re-
22 ported to the compliance program; and

23 (C) the development of methods to rou-
24 tinely assess the extent to which bias, racism,
25 or discrimination on the basis of race, ethnicity,

1 or another protected class is present in the de-
 2 livery of maternity care to patients from racial
 3 and ethnic minority groups;

4 (4) develop mechanisms to routinely collect and
 5 publicly report hospital-level data related to patient-
 6 reported experience of care; and

7 (5) provide annual reports to the Secretary with
 8 information about each case reported to the compli-
 9 ance program over the course of the year containing
 10 such information as the Secretary may require, such
 11 as—

12 (A) deidentified demographic information
 13 on the patient in the case, such as race, eth-
 14 nicity, gender identity, and primary language;

15 (B) the content of the report from the pa-
 16 tient or the family of the patient to the compli-
 17 ance program;

18 (C) the response from the compliance pro-
 19 gram; and

20 (D) to the extent applicable, institutional
 21 changes made as a result of the case.

22 (c) SECRETARY REQUIREMENTS.—

23 (1) PROCESSES.—Not later than 180 days after
 24 the date of enactment of this Act, the Secretary
 25 shall establish processes for—

1 (A) disseminating best practices for estab-
2 lishing and implementing a respectful maternity
3 care compliance program within a hospital or
4 other birth setting;

5 (B) promoting coordination and collabora-
6 tion between hospitals, health systems, and
7 other maternity care delivery settings on the es-
8 tablishment and implementation of respectful
9 maternity care compliance programs; and

10 (C) evaluating the effectiveness of respect-
11 ful maternity care compliance programs on ma-
12 ternal health outcomes and patient and family
13 experiences, especially for patients from racial
14 and ethnic minority groups and their families.

15 (2) STUDY.—

16 (A) IN GENERAL.—Not later than 2 years
17 after the date of enactment of this Act, the Sec-
18 retary shall, through a contract with an inde-
19 pendent research organization, conduct a study
20 on strategies to address—

21 (i) racism or bias on the basis of race,
22 ethnicity, or another protected class in the
23 delivery of maternity care services; and

24 (ii) successful implementation of re-
25 spectful care initiatives.

1 (B) COMPONENTS OF STUDY.—The study
2 shall include the following:

3 (i) An assessment of the reports sub-
4 mitted to the Secretary from the respectful
5 maternity care compliance programs pur-
6 suant to subsection (b)(5).

7 (ii) Based on such assessment, rec-
8 ommendations for potential accountability
9 mechanisms related to cases of racism or
10 bias on the basis of race, ethnicity, or an-
11 other protected class in the delivery of ma-
12 ternity care services at hospitals and other
13 birth settings. Such recommendations shall
14 take into consideration medical and non-
15 medical factors that contribute to adverse
16 patient experiences and maternal health
17 outcomes.

18 (C) REPORT.—The Secretary shall submit
19 to the Congress and make publicly available a
20 report on the results of the study under this
21 paragraph.

22 (d) AUTHORIZATION OF APPROPRIATIONS.—To carry
23 out this section, there are authorized to be appropriated
24 such sums as may be necessary for fiscal years 2027
25 through 2032.

1 **SEC. 6. GAO REPORT.**

2 (a) IN GENERAL.—Not later than 2 years after the
3 date of enactment of this Act and annually thereafter, the
4 Comptroller General of the United States shall submit to
5 the Congress and make publicly available a report on the
6 establishment of respectful maternity care compliance pro-
7 grams within hospitals, health systems, and other mater-
8 nity care settings.

9 (b) MATTERS INCLUDED.—The report under sub-
10 section (a) shall include the following:

11 (1) Information regarding the extent to which
12 hospitals, health systems, and other maternity care
13 settings have elected to establish respectful mater-
14 nity care compliance programs, including—

15 (A) which hospitals and other birth set-
16 tings elect to establish compliance programs
17 and when such programs are established;

18 (B) to the extent practicable, impacts of
19 the establishment of such programs on mater-
20 nal health outcomes and patient and family ex-
21 periences in the hospitals and other birth set-
22 tings that have established such programs, es-
23 pecially for patients from racial and ethnic mi-
24 nority groups and their families;

25 (C) information on geographic areas, and
26 types of hospitals or other birth settings, where

1 respectful maternity care compliance programs
2 are not being established and information on
3 factors contributing to decisions to not establish
4 such programs; and

5 (D) recommendations for establishing re-
6 spectful maternity care compliance programs in
7 geographic areas, and types of hospitals or
8 other birth settings, where such programs are
9 not being established.

10 (2) Whether the funding made available to
11 carry out this section has been sufficient and, if ap-
12 plicable, recommendations for additional appropria-
13 tions to carry out this section.

14 (3) Such other information as the Comptroller
15 General determines appropriate.

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